VS A15 (4) 1SM 9/55

MARYLAND	STATE DEPARTMENT	OF I	HEALTH-BALTIMORE,	18
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AND DESCRIPTION OF REAL PROPERTY.	194	The second second	
57%	CERTIFI	CATE OF	DEATH

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	Reg. I	Dist. No.
1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ence before admission)
Dorchester	Maryland b. COUNTY Wor	cester
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL onc	
RURAL ond give neorest town)  Cambridge  Lyr.2mos.15da	Girdletree 23 x	V
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE
Eastern Shore State Hospital		YES NO
3. NAME OF First Middle	Last 4. DATE Month OF	Day Year
(Type or print) Lydia -	Adkins DEATH January	6 19 59
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		R 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	May 27, 1869 Rep yrs. Months	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUNTRY
None	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	O THE STATE OF THE
George Hudson	Janice Hudson	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(If yes, give wor or dates of service) on an AML E	astern Shore State Hospital Reco	rds
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Pneumonia		ONSET AND DEATH
450al DUE TO		
Conditions if any which Gangrene, right	foot	4 days
gove rise to immediate		
lying couse lost.    Column   Column	ceriosclerosis	Many years
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY
CATIO		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  CONTRIBUTING  AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 1B.)	1.50 1.00
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
Hour o. m. While Not while	actory, street, office bldg., etc.)	(400)
30.00	10 57 to 1-6- 10 59 Abrail	
	19.21, to 100 19.27, that I	last saw the deceased
alive on 1927, and that deat	h occurred at 11:30PM, from the causes and on	
ACTUAL STORM	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE SIGNATURE	M.D. Rt.2, Cambridge, Maryland	1-7-59
PHYSICIAN'S George E. Currier, M.D.		
220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY	DR CREMATORY 22d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify) Vin 90/59 Bactist Co	melen Virdleties Ma	weknel
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	IGNATURE .
Morning & Umais Sugar H. VI	DATE JAN 9 '59 Cirilian	8. Kraul

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the attending physician and campletely filled in by the first director. Then please remave carbon papers. Pages 1 and 2 shavid be filed with After this certificate has been signed by the attending physician and cam hed for use as the burial-transit permit. Then please remave carban paprial, crematian, ar remaval, and in any event within 72 hours after death. hospital or attending physician.

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JO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	15	A14	page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shaw	)
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	55	CERTIFICA	AIE OF DEAL	П		Reg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY Dorchest	er	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased li	ved. If institution b. COUNTY		efore odmi	
RURAL and give neare	atside corporate limits, write st town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		e limils, write R	URAL ond give	nearest low	vn)
Cambridge	(If not in hospital, give street	6 weeks	d. STREET ADDRESS	nbridge			45.05	CIDENCE
or institution Cambridge		odoressj	319 Glenbu	rn Ave			ON	A FARM?
3. NAME OF EVA (Type or print) M	innie	Wright	Blogg	4. DATE OF DEATH	Mon Jan	th 20	Day	Yeor 19 59
5. SEX 6.	COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER 1 YE		
Female	White wow	ED DIVORCED	10-27-52		96 yrs.	Months Doy	/s Hours	Min.
10a. USUAL OCCUPATION during most of working Retired Lib	life, even if refired)	ns Hopkins Hos		le or foreign coun		12. CITIZEN	OF WHA	T COUNTR
13. FATHER'S NAME	2 42 2 441	in Hopario Hos	14. MOTHER'S MAIDEN	2	a	.1	-	
Rev. N.	S. Blogg		Char]	Lotte Th	aver			
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17.	NFORMANT		Addr	<b>ess</b>		
(Yes. no. or unknown) (If y	es, give war or dates of service)	Mr	. Terry Burg	ver 116	E. Mel	rose Av	e Ral	to Ma
18. CAUSE OF DEATH	[Enter only one couse per ti		July Dury	220	Me Morri	1	NTERVAL B	BETWEEN
PART I. DEATH	WAS CAUSED BY:		Accident with	h loft h	രയാട് മി രണ്ട		onset and	
442X"	DUE TO	VOI ODI al	ACCITACIO MIGI		nal dis		0 11	iours
Conditions, if ony, which) (b) Arteriosclerotic hypertensive cardio vascular							7	
gove rise to imm	ediote (	VVI 1 VVI VI V V 1	M DOT VEHBAY	<u>Jaruro</u>	TABUUA.	,		mar +
couse (a), stating the lying cause lost.	(c) Ar	teriosclerosis	generalized	d			1 y	rear +
6	significant conditions	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN PART 1(c	19. WAS PERF	AUTOPSY ORMED?
200. ACCIDENT WAS U	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Port I or Port II	of item 18.)			,,,,,,
3 20c. TIME OF INJURY	Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	rm, 20f. (City or	town)	(Coun	ity)	(Stote
20c. TIME OF INJURY Hour a. m. p. m.	www 19 While	THOI WILLIE	ctory, street, office bldg., e	elc.)			_	
	I attended the deceas	ed from 12-8-	58_, 19, to	1_29_5	9 10	that I last	naue tha	
alive an 1-29			accurred at 1:10					
		1/1/ 0 22	decorred di 1211		of, city or town,			DATE SIGNI
ACTUAL SIGNATURE	dridge 9	teh foll	un 15 Lomist	Street			a. 1	-29-5
PHYSICIAN'S	dridge H. Wol	Lec. M. D.				=x-9X3-12	******	
220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATIO	N (City, town, c	r county)	(Sto	ote)
REMOVAL (Specify) Burial	7/37/50	Druid Ri			sville		1310	
23. FUNERAL DIRECTOR'S SI		ADDRESS	-	C'D BY REGISTRA		TRAR'S SIGNA	TURE	
H IV Mea	wy Son 80	57 Caluer	T St. DATEA	N 3 0 '59	and	147 8. Kra	MA.	

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the center of the ward "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the funeral of the property of the should be for firded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, at its designated agent, priar to burial, cremation, ar removal, and in any eyent within 72 hours after death. VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	1 3	63	1)	U	2
Reg. Dist.	No.				

1.	PLACE OF DOUTCHESTER	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission)  o. STAMARYLand b. COUNDOrchester					
C	5. CITY OR TOWN (If outside corporate limits, write RURAL and give recest town)	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL ond give	nearest town)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Cambridge Maryland Hosp.		/d. STREET ADDRESS 312 Academy	Struet		e. IS RESIDENCE ON A FARM? YES NOT	
	NAME OF DECEASED Virginia First	Middle Eg	bert	4. DATE Month OF DEATH	-	Year 19 19 59	
1	6. COLOR OR RACE 7. MARRIED WIDOWED [		Oct 2, 1919	9. AGE (In years lost birthday) 39 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.	
10c	b. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working fife, even if retired) Second Second Sec	nd of business or industreatood	Maryland		12. CITIZEN	OF WHAT COUNTRY?	
	FATHER'S NAME alter R. Egbert		14. MOTHER'S MAIDEN N	e Slimmer			
15.	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SC s. no. of unknown)   Iff yes. give wor or dates of service)   Ur.	Marylan	d				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	nary occlus		INAL DISEASE CONDITION GIV	ON	IP, WAS AUTOPSY PERFORMED? YES   NO A	
MEDICAL CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c, TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While		nter nature of injury in Pari E OF INJURY (Home, form ry, street, office bldg., etc.	1, 120f. (City or town)	(County)	(State)	
	21. I certify that I took charge of the resopinion death resulted from: Natural consideration of the resulted			Homicide , Undete	rmined monr	], and in my ner   DATE SIGNED	
220		Dorchester M		22d. LOCATION (City, town,	1	(State)	
23. Le	FUNERAL DIRECTOR'S SIGNATURE Compte Funeral Home Cam	ADDRESS Ibridge Maryl			Than's SIGNATI		

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FOR HEALT	STATE H DEPT	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the control of the strain of the word "pending" in pending it. Give Pages 1, 2, and 3 to the funeton. Page mexacute the control of the chief Medical Examiner's Office along with form MML. Page 5 may be retained for unfilles.  TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health.	ar its designated agent, priar ta burial, crematian, ar removal, and in any event within 72 hours after death.	

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		200						Reg. Dist	l. No.	
1.	PLACE OF DEATH	orchester	MA	RYLAND	2. USUAL RESIDENCE (M		b. COUNT	170	9	admission) lester
	and give nearest town	dge. Md.		rs.	c. CITY OR TOWN (III			RURAL ond g	give near	est fown)
		oss St.	t in hospital, give street add	ress)	/d. STREET ADDRESS 21 Cro	ss St				IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Virgie	Mosars	E	nnals	4. DATE OF DEATH	Jan. Month	31	Doy	19 59
5.	Female		MARRIED NEVER MARR	_	DATE OF BIRTH Unknown		9. AGE (In years last birthday)  Of yes.	Months D		UNDER 24 HPS.
7	D. USUAL OCCUPATION  during most of working  OPOP	ON (Give kind of work done ig life, even if relired)	106, KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (Slole Marylan		ountry)	12. CITIZI	US A	VHAT COUNTRY?
-	FATHER'S NAME		Dearoud		14. MOTHER'S MAIDEN N				OD M	<u> </u>
	Henry M	ogong			Unkno					
	. WAS DECEASED EV	OSOPS ER IN U. S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 220-03-408		FORMANT rs. Lee Ro		Address	ridge	, M	ld.
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which dioto couse  (b)	coronary oc	clus	ion				CINSET A	NETWEEN NO DEATH
CERTIFICATION	20o. EXTERNAL CAL	JSE WAS 206. D	ONS CONTRIBUTING TO DEA					EN IN PART I		PERFORMED?
CER	PRIMARY OF COL	NTRIBUTING LI								
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yeor	20d. INJURY OCCURRED While Not while of work of work	20e. PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.)	20f. (Cily	or town)	(Count	(y)	(Slate)
	opinion death  ACTUAL SIGNATURE			_		damicide	· · · · · · · · · · · · · · · · · · ·	Inquiry mined mo	onner	and in my  ATE SIGNED
	REMOVAL (Specily)	Feb. 3.5	J V. of rud.	Was	1212	13	ON (Cily, lown, o	e lu	d)	(Slole)
23.	Selon	S SIGNATURE	CANIBRISS CANIBRISS	10	240. REC'E DATE	EB 5	24b. REGIS	rthun S.		4

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heral director.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

After this certificate has been signed by the attending physician and campletely filled in by hed far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2

detached for use as the burial-transit permit. the haspital ar attending physician.

CERTIFICATE OF DEATH

		561	CERTIFIC	AIE OF DEATE		F	Reg. Dist. No	<b>.</b>	
)	1. PLACE OF DEATH  a. COUNTY Dorc	hester	MARYLAND	2. USUAL RESIDENCE (Who a. STATE TO TY 18	ere deceased lived.		Residence bef		ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town)  Cambridge  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town)  Weeks  Madison									
7	OK INSTITUTION	f not in hospital, give street .dge-Maryla		/d. STREET ADDRESS					IDENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	First John	Middle Benjami	n Fitzhugh	4. DATE OF DEATH Ja	Month 10,		-/	Year
	Male	White wow	The last	Nov 3, 18	83 108		UNDER 1 YEA Months Days	Hours	R 24 HRS. Min
1	Laborer in	ite, even it retired)	kind of Business or IND etired	ustry 11. BIRTHPLACE (Stote of Madisor			12. CITIZEN	S.	COUNTRY
1	13. FATHER'S NAME John	R. Fitzhug	h	14. MOTHER'S MAIDEN N	ine And	lrews			
	15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Family Recor	rds	Address			
	PART I. DEATH W	which (b)	RTERIO SCE RTERIOS	ROTIC GA			LEGON	ERVAL BE SET AND 26	DEATH
)	lying couse lost.  Part II. OTHER SI	(c) (c) (GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	S CEROS /S				19. WAS A PERFO	AUTOPSY
	20g. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY M Hour o. m.	Onth, Day, Year 20d. In White	JURY OCCURRED 20e. I	ED. (Enter noture of injury in P LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or low		(County)		(Stote)
	21. I certify that I alive anACTUAL SIGNATURE		that I last s d an the do						
1	22a. BURIAL, CREMATION, 2	PED R. A	1ARYANOV,	OR CREMATORY	MBRIS	ity, town, or c		1D.	
	REMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIG  K. R. Thomas	4	Joppa Chu O ADDRESS Locus mbridge, Md.	rch Cemeter;	Madiso BY REGISTRAR	24b. REGISTR		RE	

the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death, TO FUNERAL DIP TO HOSPITAL OR VS A1S (4) 1SM 10/57

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	HTARG TO STADRINGED	

OR: AL DI 3 should FUNER, 0 VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT.

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Page 5

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

				L EXAMINE	R'S	CERTIFICAT	TE OF	DEATH	Reg.	Dist. No		
	LACE OF DEATH	orchester	576	MARYLA		2. USUAL RESIDENCE (W		b. COUNT		dence bed		ission)
b	and give nearest town	outside corporate limits, write ambridge	RURAL	c. LENGTH OF STAY IN 19yr.7mo.ld		c. CITY OR TOWN (IF	outside cor on Sq1		RURAL o	nd give n	eoresi fo	wn) V
d				pitol, give street oddress) te Hospital		d. STREET ADDRESS						A FARM?
1	NAME OF DECEASED Type or print)	Fin Ro	xie	Middle		tosi Hall	4. DATE OF DEATH	Month Jan	uary	Doy 1		Yeor 19 59
5. 5	F	White	WIDOWE			1878		9. AGE (In years lost birthday) 81 yrs.	Months .	Days	Hours	Min.
10a.	USUAL OCCUPATION OF WORKING MOST OF WORKING	ng life, even if refired)	dane 10b. K	CIND OF BUSINESS OR IN	OUSTRY	11. BIRTHPLACE (Stote Marylan		country)	12. C		S.A	COUNTR
13.	Oliver	Briddell '			1	Lizzie Ho						
	was deceased ev	ER IN U. S. ARMED FO Ill yes, give war or dates of		SOCIAL SECURITY NO.		ormant ORDS- Easte	rn Sh	Address ore State	Hos	pita.	L	
		TH [Enter only one county TH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO		for (o), (b), ond (c).]  Myocardial	fai	lure				ONS	eval Between And De	HTAI
	Conditions, if o gave rise to imme (a), stating the couse last.	diate cause underlying DUE TO (c)										
CATION		cture neck	right						EN IN P		PERF	AUTOPSY ORMED? NO X
AL CERTIFI	200. EXTERNAL CAPRIMARY OF CO	NTRIBUTING A	Fou	e how injury occurrend complaini	ng	of pain and	unab.	le to bear		ight	on :	leg.

opinion death resulted from: Natural causes , Accident M,

factory, street, office bldg., etc.) Hospital

Cambridge

Md.

While No! while of work

21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection K.

Dor. Inquiry |

Undetermined manner

and in my

DATE SIGNED

(Stote)

ACTUAL SIGNATURE

EXAMINER'S

NAME (Type)

CHIEF MEDICAL EXAMINER

Suicide ,

ASSISTANT MEDICAL EXAMINER

Hamicide ,

DEPUTY MEDICAL EXAMINER

1/15/59

execute the crocke, writing the word "pending" in pendi in them 18. Give Pages 1, 4 shauld be it and do to the Chief Medical Examiner's Office along with form PM3. I TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 ar its designoted agent, priar to burial, cremation, or removal, and in any event, within VS. A15ME 5M 2/57

226. DATE THEREOF 220. BURIAL, CREMATION, FUNERAL DIRECTOR'S SIGNATURE

John Mace Jr.

22c. NAME-OF CEMETERY OR CREMATORY

24g REC'D BY REGISTRAR

9 '59

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE aritury S. Kraus

REAL REAL OF DEATH OF SAMULATION OF DEATH OF SAMULATION OF
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CONTRACTOR OF THE PROPERTY OF THE PARTY OF T

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011	OEK III IO			Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write c. RURAL and give nearest tawn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits, write RU	IRAL and give nearest town)
Cambridge /	100, 200,	Easton	20	40,4
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	Hoshital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF BECEASED (Type or print) Berbard	/Middle	lost	4. DATE Mont	h Day Year
	NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	Telephone Co	STRY 11. BIRTHPLACE (State of	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	9	14. MOTHER'S MAIDEN NA		
WHLIAM F.	(tOLMES	ELI	ZA BETHA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no. or unknown)  [If yes, give wor or dotes of service]	CIAL SECURITY NO. 17. 1	HOSKITAL Re	cords Ca	mbridgeMd
18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).]	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ncor o	Somo	-c-h	Unk
151X DUE TO				
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO		V		
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature af injury in Po	art I ar Part II of item 18.)	
Haur a. m. While	RY OCCURRED 20e. PL Nat while for at wark	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the deceased	from 10-11	, 1958, to 1-	-16 , 1959	,that I last saw the decease
alive an 1 - 1 b 1951		occurred at 5.40 F		nd on the date stated above
			DDRESS (Street, city or lown,	
SIGNATURE Thereast. De	redge	M.D. E.S.S.H. C	ambrid	ge 11/4 1-16-5
PHYSICIAN'S Thomas J. Dredge,	M.D. E.	astern Shore S	tate Hospital,	Cambride, Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 25b. DATE THEREOF 22b. DATE THEREOF 25b. DATE THEREOF 22b. D	Cochely	R CREMATORY  Lem-	22d. LOCATION (City, 19wn, o	r county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 00. L	nel 240. REC'D		TRAR'S SIGNATURE

VS A15 (4) 1SM 9/5\$

HTASS SO STADISTRED TO STADISTRED
The state of the s

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# 1

# FOR STATE HEALTH DEPT.

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ocessary, please or our files. EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess to the case, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral hould be for graded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death.

100	exe	4 5	10 F	**
VS.				

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 20 Film 238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01830

								Reg. I	Dist. No		
1. PLACE OF DEA	TH v	62		2. USUAL RE	SIDENCE (W	here decea	sed lived. If institu	tion: Resid	lence be	fore odm	ission)
o. COUNTY	Dorchester		MARYLAN	O. STATE	aryla	nd	b. COUNT	Y Do	rch	este	er
b. CITY OR TO	WN [If outside corporate fimits, write	RURAL	c. LENGTH OF STAY IN T				porole limits, write	RURAL or	d give n	eorest to	wn}
	nbridge		Unknown	1/3 Ca	mbrid	lge					
d. NAME OF H	ospital or institution (idge Md. Ho:			d. STREET		0	Ext.			ON	ESIDENCE A FARM?
3. NAME OF DECEASED	Fire	it	Middle	Lo	st	4. DATE	Mont	h	Doy	١	eor
(Type or print)	Erma	2	1	Hunter		OF DEATH	Janu	arv	30	1	9 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED			- 0	9. AGE (In years low bigthday)	IF UNDE	RIYEAR		ER 24 HRS.
Female	Negro	WIDOWED	DIVORCED [	Oct.	20, 1	.928	30° yrs.	Months	Days	Hours	Min.
during most of	JPATION (Give kind of work of working life, even if retired)	done 10b. K	IND OF BUSINESS OR INDE		irgin		country)		US A	F WHAT	COUNTRY
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN N	IAME					
John	Henry Hunte	er		Co	ra Be	amon					
	ED EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT			Address				
No			-26-7879 1	Cora Hu	nter,	Su	Ifolk,	Va.			
	F DEATH [Enter only one cou	se per line !	for (o), (b), and (c).]				100		INTE	T AND DE	EENI ATH
1 00	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Me	thyl alcoho	ol pois	oning					?	
880.	9 DUE TO										
	if ony, which ) (b)										
	immediate couse DUE TO										
couse lost.	(c)										
PART I	I, OTHER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA		PERFC	AUTOPSY PRMED?
	AL CAUSE WAS OF CONTRIBUTING []	b DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of i	njury in Port	I or Part II	of item 18.)				
	INJURY Month, Doy, Yeo o. m. ? 19	20d. I While of wo	Not while for	LACE OF INJURY	(Home, form, e bldg., etc.)	20f. (Cil <sub>1</sub>	or town)	(Co	unly)		(Stote)
21. 1 certi	fy that I taak charge	of the r	emains described al	ove, held ar	Autapsy	X, I	nspection .	Inqui	гу 🗍	, an	d in my
opinian de	eath resulted fram: 1	Vatural c	auses . Accident	<b>₹</b> , Suicid	le 🔲, 🕒	lamicide	, Undete	rmined	manne	r 🔲	
ACTUAL SIGNATURE	John	m	men }	M.D. CHIEF	MEDICAL EX	AMINER [				DATE S	IGNED
EXAMINER'S NAME (Type)	7 - 3				ANT MEDICAL E			2/6/	59		
220. BURIAL, CREAREMOVAL (S) Buris		F	Waugh Com				tion (City. town, obridge,		. M	d.	•}
23. FUNERAL DIRE	CTOR'S SIGNATURE	0-	ambridge, M	d.	240. REC'D	BY REGIST	RAR 246. REGIS	STRAR'S SI	GNATUI	RE	
Herber	t St. Clair	UE	amor rago, w	~ •	DATE FE	B 1 3 '	59 0	Jany &	tra	14	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Rea. Dist. No. with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY Dorchester b. COUNTY MARYLAND Pro le b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town O rural Cambridge 20vrs.8mo.200 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 22 lastern Shore State Hospital YES NO pup 2 NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) DEATH 1950 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months Days Hours DIVORCED | WIDOWED | papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond de pon 42. W 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME carl 2 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Eastern Shore State Hospital records aftending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 2 DHOUT DUE TO 0 Conditions, if any, which (b) gove rise to immediate per **DUE TO** catse (o), stating the underlying couse last burial-transit physician PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) a. m. While Not while 19 ot work at wark 21. I certify that I attended the deceased from Jan No. 1 . 1953, to \ 24 1957 that I last saw the deceased and that death accurred at 720 M, fram the causes and on the date stated above. act ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Pri 5 should PHYSICIAN'S Thomas e T ... Dredge. Eastern Shore State Hospital Cambridge NAME (Type) FUNER 220. BURIAL CREMATION, 22b. DATE THEREOF 220-NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRÉSS** 240. REC'D BYREGISTRAR 9 246. REGISTRAR'S'SIGNATURE Orthung S. Thaus VS A1S (4) DATE FEB 1SM 9/55

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	10.10.10.10.10.10.10		
		THE RESIDENCE OF THE PARTY OF T	

1. PLACE OF DEATH o. COUNTY

> NAME OF DECEASED (Type or print)

Female

10o. USUAL OCCUPA during most of w Hou

13 FATHER'S NAME

15. WAS DECEASED E No unknown) 18. CAUSE OF D

Aal

PART I. D

Conditions, if gave rise to cause (a), statin lying cause las

220. BURIAL, CREMATION,

5. SEX

b. CITY OR TOWN RURAL and give d. NAME OF HOS

5	64	CLKIIIICA	ATE OF DEAT		Reg. Dis	it. No. 00562
rchester		MARYLAND	g. STATE	there deceased live	b. COUNTY Dore	chester
(If autside carparate limit nearest tawn)	s, write	c. LENGTH OF STAY IN 16	4.85	autside carporate	limits, write RURAL and g	give nearest town)
TAL (If not in hospital, g 9 Park La		address)	d. STREET ADDRESS 9 Par	k Lane		IS RESIDENCE ON A FARM? YES NO
Fin M <sub>a:</sub>	rgare	Middle et	Jones	4. DATE OF DEATH	Month January	Day Year 27 19 59
	7. MARR		B. DATE OF BIRTH		GE (In years ost birthday) 75 yrs.	1 YEAR IF UNDER 24 HRS Doys Hours Min.
ON (Give kind of work of rking life, even if retired)  OWORK	ane 10b.	KIND OF BUSINESS OR INDUS	Dorchest		3.6	IZEN OF WHAT COUNTR
on Manoky			14. MOTHER'S MAIDEN Annie			
ER IN U. S. ARMED FORG (If yes, give wor or dates of se			Hynson Jones,	5 Hughe	s Street, C	ombridge, <sup>M</sup> d
ATH [Enter only one col ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		BOAT FURE AL BUTCH	Decompensa	tion		INTERVAL BETWEEN ONSET AND DEATH
DUE TO  ony, which (b) immediate the under-	A	rteriosclero	tic Heart	Disease		

CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Day, Year 20f. (City or town) (State) (County) foctory, street, office bldg., etc. Haur a. m. While Not while at wark ot wark 21. I certify that I attended the deceased from January 2, 1959, to January 271959, that I last saw the deceased alive an January 27.19. and that death accurred at 6:45 P.M. from the causes and as the data that ADDRESS (Street, city or town, state) 227 Pine St-Cambridge, ACTUAL PHYSICIAN'S Edwin Fassett. M.D. NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

REMOVAL (Specify) Thompsontown Cemetery Jan. 31,1959 J.J. Framptom and Son, Federalsburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Near East New Market. Md.

22d. LOCATION (City, town, or county)

DATEER

PERFORMED? YES NO

TE OF BEATH	CERTIFICA	
	Beaution.	
3588-54 - 443 - 443-64		
Charles as year and		
A CHE PARTY		
Z LAP ST		
are married and a second second		
	, , ,	Chaffer . I conducted
and the state of t		

# theral director, may be retained. The haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, shother registrar prior to burial, cremation, ar remayal, and in any event within 77 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

the haspital ar attending physician.

TO HOSPITAL OR

VS A15 (4) ISM 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 580 **CERTIFICATE OF DEATH**

Rea Dist No

00563

1. PLACE OF DEATH a. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (WI		. COUNTY	dence before or	
RURAL and give m		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lin			
Taylors		Life	X Taylo	rs Islan	ad		
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give stre	et address)	d. STREET ADDRESS				S RESIDENCE ON A FARM? ES NO D
3. NAME OF DECEASED (Type or print)	fint Millie	Middle	Lost Keene	4. DATE OF DEATH	Month Jan.	Day 11+	Year 1959
5. SEX		RRIED NEVER MARRIED WED DIVORCED	8. DATE OF BIRTH	9. AG	birthday) Month	DER TYEAR IF L	UNDER 24 HRS.
F'emale	110510	b. KIND OF BUSINESS OR INDU	ADTIL 6, 1	882 1	76 yrs.	CITIZENI OF W	/ILAT COUNTEDWA
during most of work  Labo	king life, even if retired)	Food Packing			Md.	USA	/HAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
D	aniel Keene		Δm	elia L	eCompte		
15. WAS DECEASED EVE			INFORMANT		Address		
NO NO	(If yes, give wor or dates of service)	None	Rachel Bail	ey, Tay	lors Isl	and,	Md.
332×	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	fine for (o), (b), and (c).]	soulos	5	0		AL BETWEEN AND DEATH
Conditions, if o gave rise to i codse (a), stating lying couse lost.	mmediate (	mas xe	rease of	meja	K.		
PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN P	P	VAS AUTOPSY ERFORMED?
	AS UNDERLYING TO 206. D  CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II of i	tem 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Whi		LACE OF INJURY (Home, form actory, street, office bldg., etc	n, 20f. (City or low	m)	(County)	(State)
actual signature Physician's NAME (Type)	not I attended the dece	159, and that deat	n accurred at 6 M	_M, fram the ADDRESS (Street, ci		firm	
22a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	1/18/1959		or crematory  e Cemetery		city, town, or count	. Md.	(Stote)
23. FUNERAL DIRECTOR	is signature fluit	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE & S. KLOW	A

HTARG TO STADRITSED A Company of the second of the 

Poge puo

poges

Item, 18. Give Pages along with form PM3.

Office

during most of working life, even if retired)
Homemaker

13. FATHER'S NAME

SIGNATURE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

63	11		1	1
U	U	5	U	4

e. IS RESIDENCE ON A FARM? YES NO X Year

19 IF UNDER 24 HRS. Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.

Rea. Dist. No lence before admission) chester

	00.						3.			
1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND				2. USUAL RESIDENCE (V		b. COUNTY				\$\$10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat town)  Cambridge  c. LENGTH OF STAY IN 1b  42 years				b c. CITY OR TOWN (If outside corporate limits, write RURAL and give n  13 Cambridge						wn)
	tal or institution (if of the convalence of the convalence of the convalence of the convenience of the conve		give street address)	d. STREET ADDRESS	Byrn S	treet			e. IS KE ON YES	AF
3. NAME OF DECEASED (Type or print)	First Louise		Middle Saunders	Lake	4. DATE OF DEATH	Month January		Doy 959		9
5. SEX	6. COLOR OR RACE 7	MARRIED [	NEVER MARRIED	B. DATE OF BIRTH	-	9. AGE (In years	IF UNDER 1	YEAR	IF UND	ER
Female	White v	VIDOWED 📑	DIVORCED 🔲	June 9,1865 fost birthdoy) 93 yrs.		Months E	Days	Hours	٨	
100. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. KIND C	OF BUSINESS OR INDUS	TRY 111. BIRTHPLACE (State	ar fareign o	country)	12 CITIZ	ZEN OF	WHAT	CC

Robert Saunders			Mart	ha Hanna				
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Addi	055		
No	e wor or doles or secretej	None	Mrs. Howard	Weedon, 409	Byrn	St.,	Cambridge,	M
110 CALLES OF DEATH   Fat	r calu ana causa nas	line for (a) (b) and (c) )					Taking bulka benjamina	

Cecil County. Md.

14. MOTHER'S MAIDEN NAME

PART I. DEATH WAS CAI	CAUSE AY	minal Bronchopneur	nonia			4 days
442 X Conditions, if any, which	DUE TO	Arteriosclerosie	cardio	vascular	renal	15 yrs.
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO	Arteriosclerosis	gener		sease	15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Fracture neck left femur

NO X 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Part 1 or Part 11 of item 18.) Fell in bath room.

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) 10/26 19 58 While Nat while of work Cambridge, Dor. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection K, Inquiry ,

opinion death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER

EXAMINER'S John Mace Jr. 1/22/59 DEPUTY MEDICAL EXAMINER NAME (Type

220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county)

Jan.21,1959 Bethel Cemetery Chesapeake City. Md. ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

DATEFEB 4

arthur S. Frank

(Stote)

VS A15ME

Medical Examiner should be used as a DIRECTOR: 4 should be

ST BIRCH STATE OF CLASS ROUTE BY STATE OF COMPANIES READ OF EXAMINERS CERTIFICATE OF DEATH San Consequent Library 27 S 2 J - Date of Australia and a line and a relia with a special control of the second The first control of the rest that the later and a second at the second

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

		30	L CERTI	FICA	E OF DEATE	1		Reg. D	ist. No		
	rchester		MARY	LAND	o. STATE Maryla	and	b. COUNTY	Dorc	hest	er	
RURAL and give ne	If outside corporate lim earest town) nbridge	its, write	7vr 8mo 1		c. CITY OR TOWN (IF o		rote limits, write R	URAL ond	give ned	arest town	1)
	FAL (If not in hospitol, of EASTERN SH		address)		d. STREET ADDRESS	at A				e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	Fi Char		Middle A .		tost Lauck	4. DATE OF DEATH	Mon Janu		Do	,	Year 1959
s. sex Male			RIED NEVER MARRIE		ugust 8, 187	72	9. AGE (In years last birthdoy) 86 yrs.	IF UNDE	Days		
10a. USUAL OCCUPATION during most of work	king life, even if refired	done 10b.	KIND OF BUSINESS O	R INDUSTR	Ohio	or foreign c	ountry)	12. CI		F WHAT	COUNT
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
	E. Lauck				Tilly Seign	fried		156			
15. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FOR It yes, give wor or dates of t		SOCIAL SECURITY NO.		CORDS: East	tern S	hore Sta		spit	al	
Conditions, if o gave rise to it code (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (comp, which mediate the under-	Hy Gen	neral Arter	Cardi ioscl	o-vascular I				ONS	ERVAL BEET AND	DEATH
<u> </u>								TEN IN PA	(1 1(0) 1	PERFO YES [	RMED?
	AS UNDERLYING LI CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRED. (	Enter nature of injury in F	art I or Par	t II of item IB.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. I While at wo	Not while	20e. PLACI factor	OF INJURY flome, farm, y, street, office bldg., etc.	, 20f. (City	or town)	-	County)		(Stole
ACTUAL SIGNATURE			59, and that	death a	0	M, from	n the causes of treet, city or town.	and an t	he da	te state	ed abo ATE SIGN
PENOYAL CREMATION REMOVAL SPORTS	1/15/	59	ANDRÉSS /	,	RANKET		ST POL	or county	icu	Listan	
Keelh S.	Millorg	the	( Cost 1	eu)	Marke JOATE JI			thur a			

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ICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 intending physician.

rificate has been signed by the attending physician and campletely filled in by interval director, is the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 st. Suld be filed with in, or remaval, and in any event within 72 hours after death.

		5	22		THE OF PEACE		Re	g. Dist. No.	
1.	PLACE OF DEATH COUNDOTCHESTER		MA	RYLAND	2. USUAL RESIDENCE (WHO O. METEY Land		institution: F OUNTY	Residence befo Dorche	
(	b. CITY OR TOWN (If outside co	orporote limits, w ural )	c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN (IF o	utside corporote limits, Rural )	write RURA	L and give nea	rest tawn)
	d. NAME OF HOSPITAL (If not is OR INSTITUTION R F D	# 3 Ca	ureet oddress)		R F D # 3 Ca	mbridge			e. IS RESIDENCE ON A FARMS. YES NO
3.	NAME OF DECEASED (Type or print)	John	Midd V •	dle	Lewis Los	4. DATE OF DEATH	Jan	900	Yeor 59
	SEX 6. COLOR White	9	MARRIED NEVER MAR	CED	B. DATE OF BIRTH  Jan 31 1907	9. AGE (I lost bir 51		UNDER I YEAR	Hours Min.
10	a. USUAL OCCUPATION (Give ki during mast of working life, ev Merchant	ind of work dane en if retired)	Restauran		STRY 11. BIRTHPLACE (Slole Maryland			U S	F WHAT COUNTR
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME			
	T Hicks Le				Nahie Ro	binson			
	WAS DECEASED EVER IN U. S. es. no. or unknown) (II yes, give w	ARMED FORCES? or or dates of service		NO. 17. I	Naomi Lewis	Cambrid	Address ge Ma	aryland	
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS C IMMEDIA:  420.   Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	AUSED BY: TE CAUSE (o)  DUE TO  (b)	Coro		y Acles	chan			erval Between et and Death
CERTIFICATION			ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN I	IN PART 1(a) 1	P. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH EXAMINER)	DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in f	art I or Part II of item	18.)		
MEDICAL	20c. TIME OF INJURY Manth, Hour a. m. p. m.	V V	Nod. INJURY OCCURRED While Not while t work at work	20e. PL	ACE OF INJURY (Home, form tary, street, affice bldg., etc.	20f. (City or town)		(County)	(State
	21. I certify that I atte alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nded the dec		- /2 at death	occurred at 5-15		uses and	on the da	tw the decease te stated above DATE SIGN
I	BURIAL CREMATION 226. D. REMOVAL (Specify) Burial Jan	n 12, 19			r CREMATORY h Cemetery	nd. LOCATION (City Cambridge		ounty) Marylan	(State)
	FUNERAL DIRECTOR'S SIGNATURE COmpte Funeral		ADDRESS Cambridge	Mar	yland. DATE JAN			1 S. Krau	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

KEE CEPTIFICATE OF DEATH

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		JUIJ	OFICIAL	I CAI	OI DEAT			Reg. D	ist. No.		
1. PLACE OF DEAT a. COUNTY	Dor <b>c</b> hester		MARYLA	2.	usual RESIDENCE (Wood STATE Marylar	here deceased	b. COUNTY	on: Reside	nce befo	re odmis O <b>r</b>	sion)
	VN (If outside corporate limitive nearest town)	its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF	outside corpo		URAL ond	give nec	rest tow	n)
	Cambridge, R.		50 years	7	Cambrid	lge R.I	).				
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospital, good Cambridge-Ma				d. STREET ADDRESS  R.F.D.	2					FARM?
3. NAME OF DECEASED (Type or print)	Lil]		Middle Beatrice	)	losi McNaughton	4. DATE OF DEATH	Jan.3.		Do	у	Yeor
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE		IF UND	ER 24 HRS
Female	White	WIDOW		_	t.26,1891		lost birthday) 67 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUP during most of Homemal	PATION (Give kind of work working life, even if retired ker	done 10b.	KIND OF BUSINESS OR				ountry)	12. CI	U.		COUNTR
13. FATHER'S NAME	E			14	MOTHER'S MAIDEN						
	Robert F. Spe	ear			Mary Fran	eis Go	slin				
	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	John			Add		D. 2		
	DEATH (Enter only one con DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	In	farction	7 0	[ small	inte	stine		INTE	RVAL BI	DEATH
gave rise t	if ony, which o immediate ting the under-	N	Tesenter	ic	throm	6051	5		Š	de	74.5
PART II.	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH		liver			EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY PRMED?
20c. TIME OF IN	TIFY MEDICAL EXAMINER)  NJURY Month, Day, Yes m. 19	ar 20d, If While at wor	Not while	e. PLACE (foctory,	OF INJURY (Home, for street, office bldg., etc	n, 20f. (City	or town)		(County)		(Stote)
	that I attended the tan 1-	deceas	ed fram Nov.	10 eath acc	1	AM, from ADDRESS (SI	3 , 1957 1 the causes of reet, city or town,	ind an f	last so	te state	decease ed abav ATE SIGNI
220. BURIAL, CREMA REMOVAL (Spe Burial	Jan.5,19		20c. NAME OF CEMETE East New M			1 1 1 1 1 1 1 1	ION (City, town, o		1d.	(Stot	e)
23. FUNERAL DIRECT	IL R. HLO	ulo	ADDRESS	Ma	240. REC	D BY REGIST		STRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4 VS A1S (4) 1SM 10/57

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583 CERTIFICATE OF DEATH

00568 Reg. Dist. No.

000				MAR. PINI.	10.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	o. STATE Mary		unty Dorche	
PLIPAL and give peacest town	GTH OF STAY IN 16	c. CITY OR TOWN (If our Hurl		rite RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION Maryland Avenue		/d. STREET ADDRESS Mary	land Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Nathaniel	Warthman	Medford	4. DATE OF DEATH	Month muary 17	7 Yeor 7959
S. SEX  Male  6. COLOR OR RACE  7. MARRIEQ  White  Widowed		March 25, 18	9. AGE (In lost birth 73	yeors IF UNDER 1 YE doy) Months Day	AR IF UNDER 24 HRS.  Hours Min.
	e Carpenter	Dorcheste	r Co., Mary		OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Robert Medford		Sallie H	arper		
(Yes, no, or unknown) ; (If yes, give war or dates of service)		n W. Medford	, Hurlock,	Maryland	
18. CAUSE OF DEATH (Enter only one cause per line for (constitution) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-	estized	metasta apex	right	lung	INTERVAL BETWEEN DISSET AND DEATH TO THE STATE OF THE STA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL  OR CONTRIBUTING  OR CONTRIBUTIN	relevai	OT RELATED TO THE TERMIN — Bulate (Enter noture of injury in Pr	Ed de	ofness	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY	of while foctor	E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(Coun	ly) (State)
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. 1	and that death o	ccurred at \$20 A		ses and an the clown, stole)  ML own, or county)	DATE SIGNED
10112 2002	ashington Cen	metery	Near Hurl	ock, Maryl	and
23. FUNERAL DIRECTOR'S SIGNATURE T. T. Framptom and Son, Federals	burg, Maryla			REGISTRAR'S SIGNA	TURE

may be retain.

TO FUNERAL DISCIPLATIOR: After this certificate has been signed by the ottending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death requires that the death certificate be executed within 24 hours ofter death. Page 4 ATTENDING PHYSICIAN: The low TO HOSPITAL OR VS A15 (4) 15M 9/SS

an mid and	CERTIFICATE OF DEATH				
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	an agricum of the same				
	el agricul el primis			Section 1	

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### **CERTIFICATE OF DEATH**

00569

	503				Keg. Dis	st. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (WH			ce before admission)
	chester	MARYLAND	Maryla		COUNTY	comico
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limi	ts, write RURAL and g	give nearest town)
	bridge	2yr. 8mo. ld	av Parson	sburg	22 x	2
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Eastern Shore S	State Hospital				YES NO DE
3. NAME OF	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Virginia	(Jennie) Antho	ony Miles	OF DEATH	January	19 1959
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF UNDER	I YEAR IF UNDER 24 HRS.
FEmale	White wow	ED DIVORCED	December 31.		Months of yrs.	Doys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Stote			IZEN OF WHAT COUNTRY
None	orking life, even if retired)	00.00	Marvlar	nd		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		0 0.0 021
John C	utler		Rebecca	a Hall		
15. WAS DECEASED EV	FR IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	2 2 7 0 0 0	Address	
(Yes, no. or unknown)	(If yes, give war or dates of service)	-	RECORDS: East	tern Shore	State Hos	enital
	EATH [Enter only one cause per li	ne for (a), (b), and (c), ]	TOO CALDO. Mad	MATER CAPOL C	O value 110	INTERVAL BETWEEN
	EATH WAS CAUSED BY:	neumonia				ONSET AND DEATH
422.1	IMMEDIATE CAUSE (o) PT	ie umorra				
Conditions, if		nonalized And	teriosclerosis	adh Cani	2 -	Com
gove rise to	immediate Tr	scular Diseas		With Care	10=	Sev. yrs.
lying couse lost	g the under-	enile Psychosi				
	THER SIGNIFICANT CONDITIONS			INAL DISEASE COND	ITION GIVEN IN PAP	TIGN 19 WAS AUTOPSY
CATIO					THE THE TAKE	PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Port I or Port II of its	em 18.)	
20c. TIME OF INJU Hour o. m. p. m.	. While	_ Not while_	PLACE OF INJURY (Home, form foctory, street, office bldg., etc		) ((	County) (State)
21. I certify	that I attended the deceas	ed from May 18	, 1956 , ta Ja	inuary 19	, 1959 ,that I	last saw the decease
alive an Ja			th occurred at 7:35			
		Disc F.		ADDRESS (Street, city		DATE SIGNI
ACTUAL	Simon L	Mus	M.D. Cambridge	Maryland		1-20-59
100000000000000000000000000000000000000						
PHYSICIAN'S NAME (Type)	Simon Virkutis	Easter	n Shore State	Hospital.	Cambridge	Maryland
220 BURIAL, CREMATI REMOVAL (Specif	ION. 22b. DATE THEREOF	27c. NAME OF CEMETERY	OR CREMATORY NETKELET	22d. LOCATION (C	ity, town/ or county)	(State)
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS /	24a. REC'	D BY REGISTRAR	24b. REGISTRAR'S SIC	CHATURE
12	nli'	Pristro	I Asy ONE	MN2266'59	arthur 1	though
1 100000	a de la antie	1 Jones	- July July		The second second	a a passing

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 neral director, ald be filed with may be retains the haspital or attending physician.

TO FUNERAL DISCORES. After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sather registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/S5

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	ARTHUR DESIGNATION OF THE PARTY	THE STATE OF THE S	

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00570 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester								
	b	and give regrest town!	utside corporate fimits, write - Rural	RURAL	Life	IN 1b			utside corp - Ruri	orote limits, write	RURAL	and give n	earest to	wn)
,	d	1-per	or institution (i	f not in hos	pital, give street addres	22)	/d. STREET ADD		wn Ro	ad			ON	A FARM?
		NAME OF DECEASED Type or print)	Fire Calvi		Edward		Milligan	4.	OF DEATH	Jamus		6 Day		oar 9 59
	5. S	<sup>EX</sup> Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED DIVORCED		October 2	. 19		9. AGE (In years lost birthday) 45 yrs.	IF UNDI Months	Doys	Hours	ER 24 HRS. Min.
	d	USUAL OCCUPATION Uring most of working Farmer FATHER'S NAME	N (Give kind of work of life, even if retired)	ione 10b. K	IND OF BUSINESS OR	INDUST	Dorch	este	r Co.			U.S.		COUNTRY
			k Milligar				Salli							
		WAS DECEASED EVE	R IN U. S. ARMED FOI If yes, give wor or doles of	service)	social security No. 220-28-0160		rs. Salli	e M.	Frit	Address Asche Es		, Maj	rylar	nd
		PART 1. DEATH 916.0 Conditions, if on gove rise to immedi (o), stating the u cause last.	ate cause DUE TO (c)	Bur	rns face,		ad, arms					ONSI		tant
2	CERTIFICATION			DITIONS CO	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE	TERMIN	AL DISEASE	CONDITION GI	VEN IN PA			RMED?
		PRIMARIA OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []		ome which			in Port I	or Part II o	of item 18.)				
7	MEDICAL	20c. TIME OF INJURY		C While	NJURY OCCURRED 2 Not while of work	facto	E OF INJURY (Homory, street, affice bld	e, form, g., etc.)		or fown)	Do	ounty)	M	(State)
		ACTUAL SIGNATURE		In Inc	remoins describer couses [], Accid	_		CAL EXAM	omicide MINER   EXAMINER	Undete		manne	-	d in my
	220.	BURIAL CREMATION REMOVAL (Specify) Burial	Jan. 10,	1959	McKendree	13		2		ion (city, town, r Rhodes			ylar	
		funeral director: J.J.Frampt		, Fede	and and a state of the state of	Mary	land	JAN 1	A '59		STRAR'S		RE	

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death. Page 4

ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 567

00571

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marylar	ere deceased lived. If institut b. COUNTY	ion: Residence before admission)  Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Cambridge	c. LENGTH OF STAY IN 16  2 months	c. CITY OR TOWN (If o		RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Cambridge-Maryland		d. STREET ADDRESS Rural		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Bessie	Middle Whitting to	n Moore	4. DATE Morning of DEATH Jan. 20, 1	
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE		8. DATE OF BIRTH Sept.10,1880	9. AGE (In years lost birthday) 8 yrs	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  Thomas Whitting	on	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Adde, Williamsburg	
Couse (o), stoling the <u>under-lying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS COUSTIONS CO	domina/ enocarcil pall - 6/a contributing to DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20c. Time Or Injury Month, Doy, Year or medical examiner, 21. 1 certify that I attended the decease olive of 191	Not while for ol work   Sept	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or town)  70H 2-0, 19,51  Ar, from the causes	(County) (State)  7.that I last saw the decease and an the date stated above
PHYSICIAN'S Lewis M. J  220. BURIAL, CREMATION, REMOVAL (Specify) Burial  Jan. 22, 1959		M.D. Lan  Cam  R CREMATORY  Memorial Park		Md, or county) (State) id.
23. FUNERAL DIRECTOR'S SIGNATURE Shou	ADDRESS Cambridge			STRAR'S SIGNATURE

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TO FUNERAL DIR

VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

586 **CERTIFICATE OF DEATH** 

	Keg. Dist. No.
1. PLACE OF DEATH  o. Dorchester Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTDORCHESTER
b. CITY OR TOWN (If outside corporate limits, write World of STAY IN 16 Years	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  X Woolford
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF TOTAL	dy STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED (Type or print) Walter J Middle	Moxom 4. DATE OF DEATH Jan 13 Day Year 19 59
5. SEX Married 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 6, 1885  9 AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
Meteorologist even Reted US Weather Dep	
13. FATHER'S NAME  Joseph Moxom	14. MOTHER'S MAIDEN NAME Lurinda Duckworth
IV-a as	NFORMANT Address Mrs Walter Moxom Woolford Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	DECOMPENSATION INTERVAL BETWEEN ONSET AND DEATH 3 mm
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (b)  CORONAR  (b)  DUE TO	Y HEART DISEASE 3 mms
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq \text{NO} \)
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at wark at work	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) ctary, street, affice bldg., etc.)
ACTUAL ONLAND	accurred at 1139 A.M., from the causes and an the date stated abave  ADDRESS (Street, city or lawn, state)  DATE SIGNEE  M.D. 136 PACE ST
PHYSICIAN'S ALFRED R. MARYANOV	CAMBRIDGE MD.
220. Burial, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY O Cedar Hill	Cemetery Suitland Maryland (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE   Service Cambridge	Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE JAN 1 9 '59 Carlage &

Beer NAME OF BEARDING	PLAST HYLIGH BO THE DEPARTMENT OF HEALTH CHARTEN	
	HIVARD TO STADIFHRED TO BEET	
		20. 22.2

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained in the hospital or attending physician.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, or removal, and in any event within 72 pours ofter death.

VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

city of town (if of Cambrid Ca	AVE  A. DATE OF DEATH  9. AGE (ash) or foreign country)	Month Jan (In years birthdoy) yrs.	e. IS RESI ON A YES Doy Y	DENCE FARM? NO CONTROL (ear 19 59 R 24 HRS. Min.
Cambrid  STREET ADDRESS DELIVEDER  Losi Mer E OF BIRTH g 6, 1865  1. BIRTHPLACE (Stote o Maryland MOTHER'S MAIDEN N. Elizaber	AVe  4. DATE OF DEATH  9. AGE Gash r foreign country)	(In years   IF UNDER   Months   12. CII	Doy Y ON A YES   Doy Y ON A YES   TI YEAR IF UNDER Doys Hours  TIZEN OF WHAT	rear 19 59 R 24 HRS.
tosi mer  E OF BIRTH g 6, 1865  1. BIRTHPLACE (SIGNE O Maryland MOTHER'S MAIDEN N. Elizaber'	4. DATE OF DEATH  9. AGE losh or foreign country)	(In years IF UNDER birthdoy) yrs. Months 12. CII	Doy Y O 1 R 1 YEAR IF UNDEI Doys Hours	rear 19 59 R 24 HRS. Min.
mer E OF BIRTH g 6, 1865  1. BIRTHPLACE (SIGNE O Maryland MOTHER'S MAIDEN NA Elizabert MANT	9. AGE (95) or foreign country)	(In years IF UNDER birthdoy) yrs. Months 12. CII	R TYEAR IF UNDER Doys Hours TIZEN OF WHAT	59 R 24 HRS. Min.
g 6, 1865  1. BIRTHPLACE (SIGNE O MARYLAND MOTHER'S MAIDEN NA Elizabert MANT	r foreign country)	birthdoy) Months 12. Cit	Doys Hours	Min.
Maryland MOTHER'S MAIDEN NA Elizabert MANT	AME			COUNTR
Elizaberi		Address		
		Address		
	ambridge	Maryland	d	
			INTERVAL BET ONSET AND	DEATH
hypertensi		disease	3 vea	ret
		Valdouzara		
	~	ITION GIVEN IN PAR		NUTOPSY RMED?
er nature of injury in Pa	ort I or Part II of its	em 18.)		
		1) ((	(County)	(Stote)
A	DDRESS (Street, city	y or town, state)	DA	te signe
MATORY	22d. LOCATION (C	ity, town, or county)	(Slote	:)
Com	East New		GNATURE	
F1.	er nature of injury in Portion of Injury in In	F INJURY (Home, form, reet, office bldg., etc.)  19 ta 1-6-59  17 In Indian to the company of th	er noture of injury in Port I or Port II of item 18.)  F INJURY (Home, form, 20f. (City or town) treet, office bldg., etc.)  19 , ta 1-6-59 , 19 , that I arred at 8:30PM, fram the causes and an ADDRESS (Street, city or town, stote)  15 Locust Street, Cambridge  MATORY 22d. LOCATION (City, town, or county)  Cem. 22d. New Market 1	related to the terminal disease condition given in Part 1(a) 19. Was a Performent of injury in Port I or Port II of item 18.)  Findury (Home, form, 120f. (City or town) (County) treet, office bldg., etc.) 19. , ta 1-6-59 , 19. , that I last saw the correct of a 1. Supply the same than the date state address (Street, city or town, stote) DA 15 Locust Street, Cambridge, Md. 1.  MATORY 22d. LOCATION (City, town, or county) (Slote Cem. East New Market Maryland)

		STATE DEPARTMEN	GALLYRAM
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Dore	hewter	MARYLAND	2. USUAL RESIDENCE (W		I. If institution b. COUNTYC			sian)
b. CITY OR TOWN	lif eutside carporate limits, w	rite c. LENGTH-OF STAY IN Th	c. CITY OR TOWN (IF		mits, write RU	RAL ond give	nearest taw	n)
	idge Maryland		d. STREET ADDRESS 320 West En	nd Ave			ON	SIDENCE A FARMX-X-
3. NAME OF DECEASED (Type or print)	Thomas	S Middle	Price lost	4. DATE OF DEATH	Yel	1 ~	Do17,	Yeor 59 19
s. sex Male	White	MARRIED NEVER MARRIED DOWED DIVORCED	May 14, 189	9. AC	SE (In years birthday) yrs.	Months Day		ER 24 HRS. Min,
100. USUAL OCCUPAT during most of wo Waterman	ION (Give kind of work dane rking life, even if retired)	106. KIND OF BUSINESS OR INDU Seafood	Maryland	l	)	12. CITIZER		COUNTRY
13. FATHER'S NAME Thomas	S Price Sr.		14. MOTHER'S MAIDEN	HAME				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES!	1 200 36 76 311	INFORMANT William S Pri	ice Jr.	Cambr:		Md.	
Canditions, if gave rise to couse (a), stoting lying couse lost  Past II. Of	the under-	ONS CONTRIBUTING TO DEATH BUT					o) 19. WAS PERFO	DRMED?
OR CONTRIBUTION	YAS UNDERLYING 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Part II of	item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	10	Nod. INJURY OCCURRED  While Not while twork at work	LACE OF INJURY (Home, for actory, street, affice bldg., etc	m, 20f. (City or to	wn)	(Cour	nty)	(State)
21. I certify to alive on	Halter 6	ceased from 8/2	accurled at 20 p	7JAN 2M, fram the ADDRESS (Street, 4URC H	city or town, s	that I last nd on the tate)	date stat	
PHYSICIAN'S NAME (Type)	LALTER E	707		BR ID			M:	D.
	Jan 19 19		OR CREMATORY	Cambi	ridge	Maryl	and (Sie	ite)
23. FUNERAL DIRECTOR LeCompte	rs signature Funeral Serv.	ice Cambridge	Maryland RAYS	D BY REGISTRAR	24b. REGIST	TRAR'S SIGNA	ATURE	

TO HOSPITAL OR may be retaine TO FUNERAL DIR VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00570

CERTIFICATE OF DEATH

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7		70	CERTIF	CAI	COFDI	AIR			Reg. D	ist. No.		
PLACE OF DEATH O. COUNTY Dorche	ester		MARYLA	ND	o. STATE Maryl	and			chest	er	7	
b. CITY OR TOWN RURAL ond give Cambri		its, write c	2 Weeks	16		wn (If ou lison	tside corpo	rote limits, write R	URAL ond	give neor	est fowr	)
d. NAME OF HOS OR INSTITUTIO CAMBOILO	SPITAL (If not in hospital, and h	Hosp.	dress)		d. STREET ADI	DRESS				e	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Ira	rst	Middle D.	S	anders		4. DATE OF DEATH	Jan	th	D <sub>Dy</sub>		Yeor 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED			ct. 13,	1892	2	9. AGE (In years lost birthday) 66 yrs.	Months Months	Doys Doys	F UNDI Hours	R 24 HRS. Min.
during most of w Feed Mi	ATION (Give kind of work vorking life, even if retired 11	1)	nd of Business or i	INDUSTRY	11. BIRTHPLAC	-	r foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
13. FATHER'S NAME				14	MOTHER'S M		AME			<u> </u>	-63	
Willia	m D Sander	8			Sara	h Tr	regoe					
1S. WAS DECEASED I	EVER IN U. S. ARMED FOI	RCES? 16. SO	CIAL SECURITY NO.	17. INFOI			CEOC	Add	ress			
Yes, no. or unknown)	(If yes, give war or dates of	service) 2"	18 16 6727	Mr	s Perry	Nort	h	Cambridge	M	aryla	nd	
	DEATH FE-1			241	3 10113	1101	711	oamoi ruge	3 11			T
	DEATH [Enter only one content was caused by:	ouse per line	772.1		NIA							DEATH .
Conditions, if gove rise to couse (o), storii lying couse lo	ng the under-	o)	NTRIBUTING TO DEATH	H BUT NOT	RELATED TO T	HE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 19	. WAS PERFO	AUTOPSY
PART II. (	WAS UNDERLYING  NG CAUSE OF DEATH OF MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OCC	URRED. (E	nter nature of i	njury in Po	ort I or Por	t II of item 18.)			YES 🗌	NO [
20c. TIME OF IND	JURY Month, Day, Ye	ar 20d. INJU While of work [	_ Not while		OF INJURY (Ho street, office b		20f. (City	or town)	(	(County)		(Stote)
21. I certify alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Hallar COLLEGE	deceased , 195					M, fran	N 195 n the causes of treet, city or lown	ind an t	last say	state	deceased abave
220. BURIAL, CREMATE REMOVAL 15 Pec	Jan 13.		Jappa Ce				Madi	non City, town,	ylanc	d	(Stot	e)
23. FUNERAL DIRECTO	or's signature Funeral Serv	rice C	ADDRESS ambridge	Mary.		40. REC'D	BY REGIST		STRAR'S SI			

may be retain TO FUNERAL DI VS A15 (4) 15M 10/57

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			PARTIES NO.		
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			Service Co.		450 131 100

CERTIFICATE OF DEATH

Reg. Dist. No.

Day

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Year

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	FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the heral director	age 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	he registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	
	DIR	P	Pri	
	AL	hou	20	
	FR	3	gist	
	S	ge	-	
	-	O	~	

Poge o. COUNTY MARYLAND Dorchester Maryland requires that the death certificate be executed within 24 haurs ofter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) lvr 2mo 5days Cambridge St. Michaels d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 6 Eastern Shore State Hospital NAME OF First Middle Last DECEASED Spedden (Type or print) Robert Seymour S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White July 10. 1884 Male WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Waterman 13. FATHER'S NAME William H. Seymour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS: Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cardiac Failure IMMEDIATE CAUSE (o) DUE TO Chronic Cardio-vascular Disease Conditions, if ony, which gove rise to immediate DUE TO codise (o), stoting the under-Generalized Arteriosclerosis lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. Not while of work at work p. m. 21. I certify that I attended the deceased from October 7 , 1957, to January 12, 1959, that I last saw the deceased ACTUAL PHYSICIAN'S NAME (Type) Ettore DeFilippis 220. BURAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

589

1. PLACE OF DEATH

OF DEATH 19 59 January IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Days yrs. 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Clarissa Marshall Address Eastern Shore State Hospital INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO NO 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) \_\_\_, and that death occurred at 8:55 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Cambridge, Maryland 1-13-59 Eastern Shore State Hospital, Cambridge, Maryland 22d. LOCATION (City, town, or county) (Stole) 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATEJAN Critisas S. France

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

4. DATE

b. COUNTY

Month

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VS A15 (4) 15M 9/55

TO HOSPITAL OR TO FUNERAL DIM

588	CERTIFICATE	OF DE	ATH

Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY	Dorchester		MARYLAND	2. USUAL RES	Maryla		d lived. If institut b. COUNTY		omico		on)
b. CITY OR TOWN (	If autside carporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If a	utside carpo	orate limits, write F	RURAL and	give near	est tawn)	/
rural Camb:			9 days	Sali	sbury	,	21	12.	2		4
d. NAME OF HOSPI	At (If not in haspital	give street	address)	d. STREET	ADDRESS				_	IS RESI	DENCE
Castern Sho	re State Ho	spit	al	213 Wa	shing	ton St	•			YES	
3. NAME OF DECEASED (Type or print)		TTIE	F.(GLADDEN)	SHORES	st	4. DATE OF DEATH	Jan.	nth	Doy 21		ear 959
5. SEX			RIED NEVER MARRIED	B. DATE OF BIR	ГН	1	9. AGE (In years	IF UNDER	1 YEAR		
female	white	WIDOW	And the second s	Nov.1,			75 X yrs.	Manths	20	Haurs	Min.
during mast of wor House WC	ON (Give kind of work king life, even if celired HO)	dane 10b.	KIND OF BUSINESS OR IND	Dame Dame	S Qua	or foreign correction of the c	, Maryla	nd 12. ci	S.	WHAT	COUNTRY?
13. FATHER'S NAME				14. MOTHER	MAIDEN N	IAME					
Samuel <sup>T</sup> G	ladden			Mar	v other	Adn !	r. Shre	ves			
		RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	s Mar	ion	K Smith	(T)an	rhte	r)2	13Was
no	fir yes, give war or datas or	PELAICE	? (E	Eastern S	hore 3	tate	Hospital	reco	rd) S	t.S	ai.Md
		guse per li	ne far (a), (b), and (c).]		100				INTER	VAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY:	Co	ronary Thrombo	osis					Oldae	ו אוא	DEATH
420.1	DUE TO					1000			-		
Canditions, if a		0)									
gave rise to i	mmediate Dur To					dlo la	Talled a	7715			
lying cause last.		c)									
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS A	UTOPSY
3 Senile	Psychosis									YES 🗌	
O (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	af injury in f	Part I ar Par	t II af item 18.)				
20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Ye	While		PLACE OF INJURY factory, street, affic	(Hame, farm te bldg., etc.	, 20f. (City	or tawn)	(1	County)		(State)
21. I certify th	at I attended the	deceas	ed from Jan 12	1959	_, to_Ja	m. 21	, 1959	that I	last sav	v the c	deceased
alive an Jan	. 21	, 19	59_, and that dea								
	_						treet, city ar tawn,				TE SIGNED
ACTUAL SIGNATURE	lomas	1.	Dredox	M.D. E.S.	S.H.	Ca	nor	idoe	PM9	1,	/21/59
PHYSICIAN'S								0	/	1	
NAME (Type) T	homas J. Dr	redee	M.D.	Eastern	Shore	Stat	e Hospit	al. C	amhr	idee	144
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	Jan. 23		2c. NAME OF CEMETERY Dames Qua	or crematory rter Ce	meter		TION (City, town, ames Qu		r.Ma	(State)	
23. FUNERAL DIRECTOR		,-//	ADDRESS			D BY REGIST		STRAR'S SI			
HOLLOWAY	& COMPAN	Y S	ALISBURY MA	RYLAND	DATE	IAN 23	'59	I That	8 the	4.4	
					0	RITZ	-	2	a. / V/, W	organia.	

DECEMBER OF A THE DEPARTMENT OF HEALTH PART OF THE PROPERTY OF the second section of the second section is a second section of the second section of the second section is a section of the second section of the second section is a section of the second section of the second section is a section of the sect

# FOR STATE

HEALTH DEPT necessary, please of tar. Page July files. Board of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necess execute the control of the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral shauld be located to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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# Items 18-20 Film ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		7 4				Reg. Dist	. No.	
PLACE OF DEATH				ICE (Where deced	osed lived. If institu		e before adm	nission)
Do	rchester	MARYLAND	o. STATE M	aryland	b. COUNT	Dor	chest	er
	If outside corporate limits, write RL	c. LENGTH OF STAY IN 16	c. CITY OR TO	NN (If outside co	rporate limits, write	RURAL ond 9	ive nearest to	own)
-	mbridge	18 Yrs.	13 Camb	ridge				
	spital or institution (if a gewood Ave.	ot in hospital, give street address)	d. STREET ADDI	RESS			ON	RESIDENCE I A FARM?
3. NAME OF	First	Middle	Lost	4. DATE	Mont	1	Day	Year
(Type or print)	Marjorie	Sı	mith	OF DEATH	Januar	v 7		1959
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years	IF UNDER TY		DER 24 HRS.
Female	Negro w	VIDOWED DIVORCED	6/1/191	1	lost birthdoy)	Months Do	ays Hours	Min.
00. USUAL OCCUP.	ATION (Give kind of work dan	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(State or fareign	country)	12. CITIZE	N OF WHAT	COUNTRY
Labo	irking life, even if retired) PBP		Mary	land		II	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAI					
Lore	nzo Griffer	1	Sarah	Tilghn	ian			
	EVER IN U. S. ARMED FORCE		NFORMANT	0	Address			
Yes, no. or unknown)	Ill yes, give wor or dates of serv	"" Unknown	Frank Sm	ith				
18. CAUSE OF E	DEATH [Enter only one couse	per line far (a), (b), and (c).					INTERVAL BETW	
	CATIONIAS COMESO AV		antanati	0.60			ONSET AND DE	ATH
8800	1	Mothyl-alcohol-		18-				
0 00,	DUE TO	Acute methanol p	poleoning					
Canditians, it								
(o), stoting th								
couse lost.	) (c)	TONE CONTRIBUTING TO DEATH AND	LOT BELLYED TO THE	TERLANDIAL DIEFA	25 COLIDITION ON			
PARI II.	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE	IERMINAL DISEA	SE CONDITION GIV	EN IN PARE I		ORMED?
<u> </u>							YEST	но 🗆
PART II.  20a. EXTERNAL PRIMARY Gr CAUSE OF DEA	CONTRIBUTING []	DESCRIBE HOW INJURY OCCURRED. (1	11 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		It of item 18.)			
		pparently drank m						
20c. TIME OF IN		20d. INJURY OCCURRED 20e. PLA White Not white fact	CE OF INJURY (Home ary, street, affice bld	e, form,   20f. (Ci	ty or town)	(Count	γ)	(State)
unknow	FBD. 19		cnown		unknown			
21. I certify	that I took charge o	of the remains described abo	ive, held an Au	tapsy 🗷,	Inspection .	Inquiry	, ar	nd in my
opinian dea	th resulted from: No	itural causes [], Accident	X, Suicide	], Hamicid	e [], Undete	rmined mo	onner 🔲	
		0		10 720 - 13				
ACTUAL	Jahr 2	ureal	M.D. CHIEF MEDI	CAL EXAMINER	3		DATE	SIGNED
1				MEDICAL EXAMIN	IER 🗍			
EXAMINER'S NAME (Type)	Dr. John Ma	ace Jr.	DEPUTY MED	ICAL EXAMINER	1/	22/59		
220. BURIAL, CREMA	ATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC	ATION (City, town,	or county)	(Sta	te)
Buria	cify) 1/11/50	Carmichal Ce	meterv		0	en Anr		
23. FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	- V	REC'D BY REOIS		STRAR'S SIGN		
Herber	rt StClair	Cambridge, Md.		TEN 2 6 '59		un S. Kr		0
			DA	HEAT CO OF	7	- 1 D. 160	W/W	

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MARYLAND

c. LENGTH OF STAY IN 16

7. MARRIED T NEVER MARRIED

Middle

DIVORCED |

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO IN

> > (Stote)

UKK

12. CITIZEN OF WHAT COUNTRY?

Davs

YES NO

Year

19.5

death.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Haur a.m.

1959\_, and that death occurred at 1.05 P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) Eastern Shore State Hospital, Cambridge, Md. Thomas J. Dredge, M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Jan. ADDRESS 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S'SIGNATURE 24a. REC'D BY REGISTRAR

10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME.

Canditians, if any, which gave rise to immediate

catse (a), stating the underlying cause last

p. m.

1. PLACE OF DEATH

OR INSTITUTION

Dorchester

b. CITY OR TOWN (If outside carporate limits, write

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o)

DUE TO

DUE TO

Doy, Year

d. NAME OF HOSPITAL (If not in hospital, give street address)

6. COLOR OR RACE

Eastern Shore State Hospital

RURAL and give nearest town) rural Cambridge

o. COUNTY

NAME OF

S. SEX

DECEASED

(Type or print)

S. ARMED FORCES? 16. SOCIAL SECURITY NO

WIDOWED 区

no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).

17. INFORMANT

roncho

d. STREET ADDRESS

14. MOTHER'S MAIDEN NAME

Washington Ave.

4. DATE

OF DEATH

Eastern Shore State Hospital records

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.)

20d. INJURY OCCURRED While

Not while at work ot work

21. I certify that I attended the deceased from June

20e. PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.]

, 1956, to Jan 24, 1959, that I last saw the deceased

20f. (City or town)

b. COUNTY

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

9. AGE (In years last birthday)

N. G.

Month

Months

(County)

VS A15 (4) 1SM 9/SS

THE STATE OF THE S	0.30 91/	STADIFICATE OF CERTIFICATE					
			of distribution of the second				

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00581

CEPTIFICATE OF DEATH EDD

Reg.	Dist	Ma
44.4	DIST.	140.

-	314	OEIRI IOA	IL OI DEATH	Reg. D	ist. Na.
V	o. COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution: Reside	nce before admission)
/[	Durchesler	MARYLAND	O. STATE MAPL	LAND. JAKCI	heston
	b. CITY OR TOWN (If outside corporate limits, write c. L. BURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF ofts	ide corporate limits, write RURAL and	give nearest lown)
L	CAMBridge 2	+ mo 10 da	X East We	W MIATHOT	
1	d. NAME OF HOSPITAL (If not in hospital, give street addre	HosPilA	d. STREET ADDRESS	F. D. 2	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	A N/K/	Willie 4	DATE Month OF DEATH	Doy Year 7.5 19.59
ı	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDE	
1	F Negra WIDOWED	-	9-15-19	last birthdoy) Months yrs.	Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or	foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
1	NONF	LOME	1/1/1/20	4LAND	U.S.A
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
1		NAS	KIRGIO	- Wallis	4
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. Yes, no. or unknown) [It yes, give war or dates of service)	AL SECURITY NO. 17. INF	FORMANT	IrgiF Address MI	111.115
F		DNE	EHOL-A	LOW MAARK	et Ma,
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	(o), (b), and (c).]	0-20+	1. 11.0	INTERVAL BETWEEN
	IMMEDIATE CAUSE (6)	KLITE (	3 dallo en	1er, Tis	# olery
1	DUE TO				
	Conditions, if any, which gave rise to immediate (b)				
	couse (o), stoting the under-				
	, (c)	PIRITING TO DEATH RUT N	OT PELATED TO THE TERMINA	I DISSASS CONDITION CIVEN IN BAS	7 1/ 1/20 14/4C ALIZONAY
	5	DOTING TO BEATT BOTT	OF REDATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PAI	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port I) of item 18.)	YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	County) (State)
	20c. TIME OF INJURY Month, Day, Year Hour a. n. While at work	Not while tocto	ry, street, office bldg., etc.)		(0.0.0.)
	21. I certify that I attended the deceased fr	11 11/20	19 19	125 10 1911	
Т	alive an 1635	1	208/14		last saw the deceased
ı		, ond mor deam c		M, fram the causes and an t DRESS (Street, city or town, state)	DATE SIGNED
1	SIGNATURE aurinel Many	und "	136	ROCP A	1/27/19
	PHYSICIAN'S 1 2 1 2 2 2 2 AL		\	/ /	
1	NAME (Type) Lawrence ///	aryanov, m	ID Can	bridge, Md	
1	20. BURIAL, CREMATION, 22b. DATE THEREOF	NAME OF CEMETERY OF	CREMATORY 22	d. LOCATION (City, town, or county)	(Stote)
-	Burial 1-27-39/2	Bucktown	Ind:	Dorcheste	r Ml.
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D B		1.
F	Teon W. Henry	CAMBA da	re MID DATE AN 3	0 '59 Cirilar S.	Trans
	4100264XV4				

	State of State of	
214/14		
	and the second	Level of Stanfort Services 8, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19

	59:	i.	CERTI	IFIC/	ATE OF DEA	ATH			Reg. Dist.	No. 64	1
1. PLACE OF DEATH o. COUNTY Dor						vla	ere deceased live	d. If institution b. COUNTY	ni Residence Dorch	before odn	nlasion)
RURAL ond give no	f outside carporate limitarest town)	its, write c	. LENGTH OF STAY								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Broad Street					d. STREET ADDRE		oad Sti	eet		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fit Ef:	fie	May		Willson	n	4. DATE OF DEATH	Mon Jan	th	Doy 21	Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIEI	42		B. DATE OF BIRTH April 10	0,	1883	GE (In years post birthday) 75 yes.	Months D	YEAR IF UN	
10a. USUAL OCCUPATION during most of work Housev.	ing life, even if retired	)	nd of Business of Housewif				or foreign country and	y)	12. CITIZ		A .
13. FATHER'S NAME	1				14. MOTHER'S MAI						7.76
	ck H. Wr					El	len Le				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of the second	RCES? 16. SC	none	). 17. 1	J. Walte:	r W	illson	, Sr.		lock,	Md.
	TH [Enter only one or TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	)		•	emetr	wi				ONSET AL	BETWEEN ND DEATH
Conditions, if a gave rise to in cause (a), stating lying cause lost.	mmediate (	,	Arleri	m	a her	,	of Pa	nue	ë	6 m	yr.
PART II. OTH	IER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY C	CCURRE	D. (Enter nature of inju	ury in P	art I ar Part II a	f item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Ye	ar 20d, INJI While at work [	Nat while at work	20e. PL.	ACE OF INJURY (Home ctory, street, office bldg	e, form. g., etc.	20f. (City or to	own)	(Co	unty)	(Stote)
21. I certify the alive an/	at I attended the	deceased ., 19.5			\$, 19.5\$, to occurred at 12.			e causes a city or town,	nd an the		
PHYSICIAN'S NAME (Type)		pnell	, M.D.		Federa	als	burg,	Maryl	nnl		
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	Jan. 21	+ 195	22c. NAME OF CEM		t Cemeter	ry	22d. LOCATION Fede:	(City, town, o		(s Mary]	tote)
23. FUNERAL DIRECTOR	SIGNATURE	1-1	ADDRESS	In	TYPE DATE	JAN	28Y REGISTRAR	24b REGIS	TRAPS SPOA	IATURE"	

moyerial of the haspital or attending physician.

The following the following the haspital or attending physician on the filled in by the filled in by the filled with the following the filled in by the fille TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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# AND THE RESIDENCE AS THE PROPERTY OF THE PARTY OF THE PAR

My produced to provide the

# FOR STATE HEALTH DEPT.

necessary, please DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is ne execute the conficate, writing the ward "pending" in pendil is them 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 5 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Boar ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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TO DEP	4 shar	
VS.	A15ME	
51	A 2/57	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1)	0	5	8	3

	1 0					Keg, Dis	IT. ING.	
1, PLACE OF DEATH o. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (V	where decea	sed lived. If institu b. COUNT	Miles	r che	
b. CITY OR TOWN	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside cor	porale limits, write	RURAL ond	give neores	il town)
Cambrid		Life	13 Cambri	ldge				V
d. NAME OF HOSP	e Md. Hospits	hospital, give street address)	d. STREET ADDRESS	Tan	a			IS RESIDENCE
		Middle	15 Maces	4. DATE				S NO K
3. NAME OF DECEASED (Type or print)	Kim Kim	Norlene Wo	olford	OF DEATH	Janua		8 Boy	19 <b>59</b> 5
Female Female	Negro	RRIED NEVER MARRIED	9/15/58		9. AGE (In years last birthday)  Yrs.	Months 2	YEAR IF U	INDER 24 HRS.
100. USUAL OCCUPAT	TON (Give kind of work done 10)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign o	country)	12. CITIZ	EN OF WH	IAT COUNTRY?
doring most of water	None	None	Maryla			100	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
Silas	Woolford		Mildre	ad Ch	ester			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	011	Address			
(100 10, 01 01110 11)	(if yes, give war or odies of service)		Silas Woolf	ford	15 Mac	es La	ne	
18. CAUSE OF DE	ATH [Enter only one cause per li						INTERVAL D	ETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pr	neumonia					ONSET AND	) DEATH
14937	DUE TO			-				
Conditions, if								
gave rise to imm	ediole couse		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(a), stating the	(c)							
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19, W. PE	RFORMED?
PART II. O'  20g. EXTERNAL C. PRIMARY O or CO CAUSE OF DEATH	AUSE WAS ONTRIBUTING (1)	RIBE HOW INJURY OCCURRED (	Enter noture of injury in Port	t I or Port II	of item 18.)		11000	1 10 2
		d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, form	1206 1000	or fown)	(Coun	atus)	/51-4-1
20c. TIME OF INJ Hour o. m p. m	. 19 W	hile Not while fact	tory, street, office bldg., etc.	)	or rowing	(Coon	,	(Slote)
21. I certify	that I took charge of the	e remoins described obc	ove, held an Autops	y 🔲, li	nspection 🔝,	Inquiry		and in my
opinion deot	resulted from: Natura	I causes Accident	, Suicide , H	Homicide	, Undete	rmined m	onner [	
ACTUAL SIGNATURE	Jun 2	uny	M.D. CHIEF MEDICAL EX				DA	TE SIGNED
EXAMINER'S NAME (Type)	Dr. John Mace	_	DEPUTY MEDICAL E		7 /	9/59		
220. BURIAL, CREMATI REMOVAL (Specif Burial	1/9/59	Hugh's Miss			TION (City, Iown, c			Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24g REC'I	D BY REGIST		TRAR'S SIGN		,
Herber		Cambridge, Md	JAN DATE			un S. Ft.		
	400021 4X	VU						

the rest of the same of the sa A STATE OF THE PROPERTY OF THE